

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Cheryl Gosse Goodman	<i>Cheryl Gosse Goodman</i>	Street: 3214 Heatherdell Lane City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
2. Nicole Juan	<i>Nicole Juan</i>	Street: 1319 Jennifer St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
3. Rebecca Mogensen	<i>Rebecca Mogensen</i>	Street: 1912 Adams St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
4. Bobbi McLaughlin	<i>Bobbi McLaughlin</i>	Street: 1735 Roth Street City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
5. Rick Petran	<i>Rick Petran</i>	Street: 6109 Quetta Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
6. Jon Nash	<i>Jon Nash</i>	Street: 3814 Hoover Dr #4 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
7. Debra Rochon	<i>Debra Rochon</i>	Street: 1665 Barber Rd City: Blue Mounds Zip: 53517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blue Mounds	11/16/2011 (Month) (Day) (Year)		
8. Clifford J. Cav. H	<i>Clifford J. Cav. H</i>	Street: 322 N. CASTLEWAY City: Appleton Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/16/2011 (Month) (Day) (Year)		
9. Erin Welsh	<i>Erin B Welsh</i>	Street: 214 N. Pinckney St #302 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
10. Tim Spence	<i>Tim Spence</i>	Street: 9 CORONADO CT. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 Avenue Dr MADISON, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*Robert A. Kaspar*  
(Signature of Circulator)

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1. Tim Paulson	<i>Tim Paulson</i>	Street: 213 E Green Bay Av City: SAUKVILLE WI Zip: 53080	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SAUKVILLE	11/16/2011 (Month) (Day) (Year)
2. Jessica Kohn	<i>Jessica Kohn</i>	Street: 7354 Timberlake Trl #207 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Steve Blaskowski	<i>Steve Blaskowski</i>	Street: 7354 Timberlake Trl #207 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Guy Thorvaldsen	<i>Guy Thorvaldsen</i>	Street: 214 Dixon St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Richard Armstrong	<i>Richard Armstrong</i>	Street: 350 S. HAMILTON #302 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. BEVERLY ARMSTRONG	<i>Beverly Armstrong</i>	Street: 350 S. HAMILTON #302 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. David Hellrung	<i>David Hellrung</i>	Street: 3279 S. Pennsylvania Ave. City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 (Month) (Day) (Year)
8. Robert McGee	<i>Robert McGee</i>	Street: 3037 Webb City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Cheryl Edgington	<i>Cheryl Edgington</i>	Street: 521 Martha St City: Edgerton, WI Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton	11/16/2011 (Month) (Day) (Year)
10. Angelic Staggs	<i>Angelic Staggs</i>	Street: 731 Aspen Ave City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)

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Robert Kaspar  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

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1. Khader ABU ALAIS	<i>[Signature]</i>	Street: 208 N. Musket Ridge Dr City: Sun prairie, WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun prairie	11/16/2011 (Month) (Day) (Year)	Email: <i>[Signature]</i> Phone: ( )
2. LISA J PEARSON	<i>[Signature]</i>	Street: W2484 CTY RD C City: ALBANY, WI Zip: 53502	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BROOKLYN	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
3. BENNETT SYVERSON	<i>[Signature]</i>	Street: 110 W. BAKER ST City: BLANCHARDVILLE Zip: 53516	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BLANCHARDVILLE	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
4. Ben Hansen	<i>[Signature]</i>	Street: 4806 South Hill Dr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
5. Susan Hilscher	<i>[Signature]</i>	Street: 586 Harvest Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
6. PETE SHAY	<i>[Signature]</i>	Street: 503 MIDDLEBURY PL City: MADISON Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
7. Greg Grunewald	<i>[Signature]</i>	Street: 845 Kimseth Cir. City: Deerfield Zip: 53531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
8. Sarah Dollevoet	<i>[Signature]</i>	Street: 514 W. Florida City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
9. Frederick BRIGATILL	<i>[Signature]</i>	Street: 3554 Bishops Way City: Middleton, WI Zip: 53572	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton, WI	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )
10. Zilvinas	<i>[Signature]</i>	Street: 6233 sandstone City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ( )

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I, ROBERT A. KASPAR, (certify): I reside at 3809 ANIMOR DR MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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*[Signature]*  
Signature of Circulator

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Phone	( )
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Phone	( )

I, ROBERT A. KASPAR  
(Name of Circulator)

, (certify): I reside at

3809 Avenida Dr

MADISON

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

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1. Peter G. Boger	<i>Peter G. Boger</i>	Street: 832 Jenfer St. #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Liss M. O'Connor	<i>L O'Connor</i>	Street: 1431 Morrison St. #3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. TIMOTHY M. HAUB	<i>Timothy M. Haub</i>	Street: 3815 Monona Dr. #21 City: Monona Wi. Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Madison</del> Monona <sup>WI</sup>	11/15/2011 (Month) (Day) (Year)
4. Mary K. Musachia	<i>Mary K. Musachia</i>	Street: 3815 Monona Dr. #21 City: Monona WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
5. Leah Stargardter	<i>Leah Stargardter</i>	Street: 1426 Jenfer St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Meredith Bourne	<i>Meredith Bourne</i>	Street: 2416 Atwood Ave #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. JUAN LOSADA	<i>Juan Losada</i>	Street: 1840 YAHARA PL. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Scott Van Egeren	<i>Scott Egeren</i>	Street: 173 Dixon St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Andy Noer	<i>Andy Noer</i>	Street: 5920 GEMINI DR City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Clay Smith	<i>Clay Smith</i>	Street: 1410 Williamson St. #10 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Isaac Hacerola, (certify): I reside at 1442 Morrison St. #2 Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Isaac Hacerola*  
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1. Julie Smith	<i>Julie Smith</i>	Street: 11647 No. Maple Beach City: Edgerton Zip: WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milton	11/15/2011 (Month) (Day) (Year)	Email Phone
2. WILLIAM KARASCH	<i>William Karasch</i>	Street: 1054 WILLIAMSON City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Randal Smith	<i>Randal Smith</i>	Street: 4224 Winneguchi Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Lacey Smith	<i>Lacey Smith</i>	Street: 614 S. Baldwin St. #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. MAX L. WHITE	<i>Max L. White</i>	Street: 2721 UNION, #3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. GEORGE ADPORN	<i>George Adporn</i>	Street: 2146 CENTON AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Dennis Lee Cleven	<i>Dennis Lee Cleven</i>	Street: 312 South Ingersoll St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. NIGEL O'SHEA	<i>Nigel O'Shea</i>	Street: 960 Clarence Ct. #3 City: MADISON WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Jennifer Mehl	<i>Jennifer Mehl</i>	Street: 2434 Upham St. City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Travis Smith	<i>Travis Smith</i>	Street: 58 S. Bryan St. City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

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1. Rachel Bauman	<i>Rachel Bauman</i>	Street: 1817 Lynndale Rd. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
2. Jeremiah S. Junker	<i>Jeremiah S. Junker</i>	Street: 4901 Winthrop St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
3. JEREMY SPITZER	<i>Jeremy Spitzer</i>	Street: 430 S. DUNE ST. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
4. GEORGE FAZANT	<i>George Fazant</i>	Street: 1328 VILAS AVE City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
5. Tim Durrell	<i>Tim Durrell</i>	Street: 5737 Old Middleland Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. LIBA BRENT	<i>Liba Brent</i>	Street: 410 ROGERS ST. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
7. Janet Jacobs	<i>Janet Jacobs</i>	Street: 4314 Mohawk Dr #2 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
8. Danielle Y Lee	<i>Danielle Y Lee</i>	Street: 2634 E. Dayton St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
9. David A. L. Nelson	<i>David A. L. Nelson</i>	Street: 1422 E. Dayton St #21 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
10. Ryan Jenkins	<i>Ryan Jenkins</i>	Street: 116 E. Colman St. Apt 4C City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JESSICA E CLAYTON		Street: 157 0TH AVE City: MADISON WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
2. SARA LUND		Street: 6531 Westin Drive City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
3. DANIEL V. TORTORICE		Street: 1520 Drewry La City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	11 / 15 / 20 11 (Month) (Day) (Year)
4. Ryan Oettker		Street: 4202 Bonner Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
5. Chris Weber		Street: 510 W. Lakeside St #2 City: madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
6. Tom Lane		Street: 1853 E Main St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
7. PATRICK DOWNNEY		Street: 3646 TULANE AVE City: MDSN Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
8. Josh Estikow		Street: 1419 Morrison City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
9. Jennifer Heimdahl		Street: 1419 Morrison St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 15 / 20 11 (Month) (Day) (Year)
10. Maria Schirmer		Street: 607 Clemons Ave City: madison wi Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	11 / 16 / 20 11 (Month) (Day) (Year)

## Certification of Circulator

I, Craig Spaulding (Name of Circulator), (certify): I reside at 257 Corry St. (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 / 20 11 (Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 1958

Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Paul Houseman		Street: 1853 E Main St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Elizabeth Swain		Street: 42 Waukesha St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
3. AMY NEWELL		Street: 257 Corry St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Robert Whitlock		Street: 137 E Wilson St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Cynthia L. Howard		Street: 6621 Corn Ave. City: Kenosha Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Gene A. Camplin		Street: 604 Christianson Ave City: Milwaukee Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)	Email Phone
7. WILLIAM J. KOCH		Street: 201 N. BLAIR ST City: MADISON, WI. Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Jodie Wood		Street: 110 Lakeview Ave City: Edgerton WI Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Albion	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Tricia Jerne		Street: 4543 Turquoise Ln City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Stephanie Williams		Street: 3212 Center Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Craig Spaulding  
(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

(certify): I reside at

257 Corry Street

(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

Page No. (Official Use Only)

# 1959

Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kevin Spaulding	<i>Kevin Spaulding</i>	Street: 1332 E. Dayton St. #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Molly McCollum	<i>Molly McCollum</i>	Street: 1212 Jennifer #3 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Jason Hill	<i>Jason Hill</i>	Street: 1213 Bay Ridge Rd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
4. John Trekinick	<i>John Trekinick</i>	Street: 12 north henry City: madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Jason Danick	<i>Jason Danick</i>	Street: 405 Memphis Ave City: Madison WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Donald May	<i>Donald May</i>	Street: 2915 St Paul Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Bird Ross	<i>Bird Ross</i>	Street: 2826 Lakeland Ave City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. TIMOTHY FREEMAN	<i>Timothy Freeman</i>	Street: 2210 Somers Ave #1 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Michelle McKiernan	<i>Michelle McKiernan</i>	Street: 1148 Emerald St City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Anna Sanders	<i>Anna Sanders</i>	Street: 1116 E. Dayton St. Apt. 1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Craig Spaulding, (certify): I reside at 257 Corry Street Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

*Craig Spaulding*  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Benjamin R Schilling	<i>Benjamin R Schilling</i>	Street: 3941 Maple Grove Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Valerie Elmer	<i>Valerie Elmer</i>	Street: 6934 Chelsea St. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. JACK AMBUEL	<i>Jack Ambuel</i>	Street: 6 ASHLEY CIRCLE City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 2011 (Month) (Day) (Year)
4. Daniel Blankenhagen	<i>[Signature]</i>	Street: 4226 Esch Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
5. Samuel Tai	<i>Samuel Tai</i>	Street: 2511 Atwood Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
6. Justin Kibbel	<i>Justin Kibbel</i>	Street: 2006 Fish Hatchery Rd #6 City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Robert J Foster	<i>Robert J Foster</i>	Street: 301 A. North Blount St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
8. Margaret F. Mooring	<i>Margaret F. Mooring</i>	Street: 301A N. Blount St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
9. Judy Barbican	<i>Judy Barbican</i>	Street: 2430 Simpson Ct. City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 16 / 2011 (Month) (Day) (Year)
10. CHAD HOPPER	<i>Chad Hopper</i>	Street: 1409 W. Milwaukee St. City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11 / 16 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 Deforest St Apt 2 Deforest  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 14 120  
(Month) (Day) (Year)

*Michael Pionke*  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by  
Committee  
PO Box 2  
Madison,

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>John Neupert</u> Sign: <u>John Neupert</u>	Street: <u>821 Northland Dr.</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Tom Arnold</u> Sign: <u>Tom Arnold</u>	Street: <u>350 S. Hamilton St. #204</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Kyla Stehmyer</u> Sign: <u>Kyla Stehmyer</u>	Street: <u>545 D'onofrio Dr #3</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Teresa Nicholas</u> Sign: <u>Teresa Nicholas</u>	Street: <u>1109 Lowell St.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Daniel Langlois</u> Sign: <u>DL</u>	Street: <u>1552 State Rd 92</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Rebecca Eberhardt, (certify): I reside at 959 Clarence Ct Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Rebecca Eberhardt  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1962

A733  
Circulators,  
Please include your  
Phone  
608  
Email  
rebecca@ga...

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jolene Lindholm		Street: 116 Proudfit St #2 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Andrew J. Young		Street: 116 Proudfit St #2 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Eugenia R. Cyden		Street: 1615 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Mitchell S. Nussbaum		Street: 1615 Madison St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. JAN MOORE		Street: 2912 HENSEN Dr. City: SUN PRAIRIE Zip: 53590	<input checked="" type="checkbox"/> Town of Bristol <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Mark Sannito		Street: 427 V. Main St 53703 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Margaret Petri		Street: 301 N. Pinckney St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Jennifer Johnson		Street: 10 South Bassett Street City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. MARY BETH GEORGE		Street: 6018 Division St City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. James Lloyd		Street: 3936 Maple Grove Dr #3 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Greg Packard, (certify): I reside at 25 E. Gorham St #3 City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)




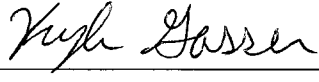
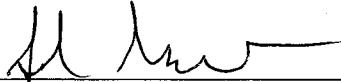


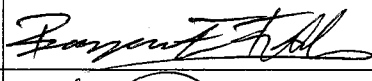


(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

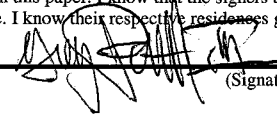
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Eric Koch		Street: 703 E Gorham St #6 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Chelsea Damer		Street: 619 W Mifflin St #306 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Gareth Westler		Street: 9 Rosewood Circle City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kyle Gasser		Street: 506 W Washington #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. SARAH MARHAUSEN		Street: 1444 1/2 Jennifer St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Laura Zimmerman		Street: 145 N Butler St Apt 2 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. JEFFREY SPEAR		Street: 816 E Gorham #5 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Benjamin Fitch		Street: 2350 Chalet Gardens Rd #27 City: Madison, WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
9. Laura Bucci		Street: 5333 Brady Dr. #102 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. WALKER HURD		Street: 309 N Franklin #1 City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Greg Packnoff, (certify): I reside at 25 E Gorham St #3 City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

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# 1964



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jennifer Moore	<i>Jennifer Moore</i>	Street: 3501 Sargent St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Amelia Cango	<i>Amelia Cango</i>	Street: 729 E. Gorham St. #1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Leif W. Weith	<i>Leif W. Weith</i>	Street: 439 East Campus Mall City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Shawn Golding	<i>Shawn Golding</i>	Street: 26 N Franklin Apt 1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Jillian Landeck	<i>Jillian Landeck</i>	Street: 211 N. Paterson St. Apt 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Janet Weinstein	<i>Janet Weinstein</i>	Street: 1501 Ivory Dr City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Micah Kulp	<i>Micah Kulp</i>	Street: 315 N. Ingersoll St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Amanda McQueen	<i>Amanda McQueen</i>	Street: 1033 E. Johnson St #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
9. Yevgeniya Turor	<i>Yevgeniya Turor</i>	Street: 1782 Fordem #305 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Tammi Kral, (certify): I reside at 952 Spaight St. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 1965

A233

Circulator

PH


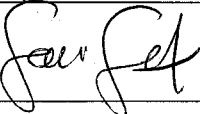
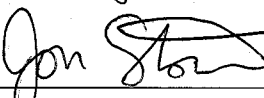
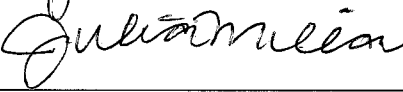


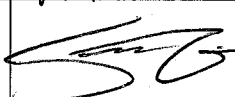
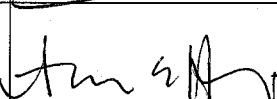
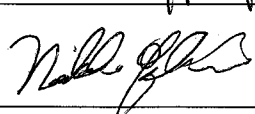
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Justin Kral		Street: 952 Spaight St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Sara Swartzenduber		Street: 954 Spaight St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jonathan Stover		Street: 2721 Center Ave #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Julia Millar		Street: 2721 Center Ave #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Katie Chapman	Katie Chapman	Street: 1339 Rutledge St. #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Susan J. Danforth		Street: 1346 Morrison St. #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Patricia M. Stenbohn		Street: 650 Littleton Dr City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Steven Girard		Street: 1324 Williamson St Apt 2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Anna Hurtley		Street: 1037 Jennifer #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Nicholas Ofstun		Street: 1209 Ellen Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Tammi Kval, (certify): I reside at 952 Spaight St. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 1966



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tammi Kral		Street: 952 Spaight St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Brad Haier		Street: 922 E Dayton St Apt E City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Lisa Lizak		Street: 3901 Tulane Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jeff Deegan		Street: 1329 LOFTGORDON AVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Robert King		Street: 2814 Badger Ln City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Noah Haywood		Street: 315 N Blount St #1 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Erin Summers		Street: 3014 Atwood St #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Margaret S. Petty		Street: 422 S Baldwin St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Andrew Levine		Street: 1433 E Johnson St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Tony Petty		Street: 422 S Baldwin St City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Tammi Kral, (certify): I reside at 952 Spaight St. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1967

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. KATLYN ARNETT		Street: 938 SRAIGHT ST. #201 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. BOWE BERGE		Street: 1418 JENIFER ST. City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. JESSIE GWYNNE		Street: 1029 SRAIGHT ST B3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. DAVID PATNODE		Street: 1053 RUTLEDGE ST APT 1 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. SUSAN LEVIN		Street: 1053 Rutledge St. #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. EILEEN A. McELLYN		Street: 616 J. Ingersoll City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. LAURA M. HEISLER		Street: 608 S. Ingersoll St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. STEVEN GOWSTEIN		Street: 608 S INGERSOLL City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JOHN J. MUELLER		Street: 1049 Rutledge St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. MARTIN NESSMAN		Street: 2804 Mickelson Pkwy #103 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Barbara Plaisted

(Name of Circulator)

, (certify): I reside at 1049 Rutledge St. Madison

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Barbara Plaisted

(Signature of Circulator)

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# 1968



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mike Mueller	<i>[Signature]</i>	Street: 1049 Rutledge St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Tom Christensen	<i>[Signature]</i>	Street: 1243 Teller City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Ann Ehrenreich	<i>[Signature]</i>	Street: 1040 Rutledge St City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Sandra N. Solheim	<i>[Signature]</i>	Street: 1039 Rutledge St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Barbara Plaisted	<i>[Signature]</i>	Street: 1049 Rutledge St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Peggy M. Scott	<i>[Signature]</i>	Street: 6200 S. Lyonsall 1 City: Mad. Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Arlys L. Kempf	<i>[Signature]</i>	Street: 10 Bailey Way City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. Leland W. Kempf	<i>[Signature]</i>	Street: 10 Bailey Way City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
9. Jessica Spiegel	<i>[Signature]</i>	Street: 1130 Jennifer St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Megan Berge	<i>[Signature]</i>	Street: 1418 Jenifer St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Barbara Plaisted, (certify): I reside at 1049 Rutledge St Madison (Circulator's Residence Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Barbara Plaisted  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1969



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Chad Green</u> Sign: <u>[Signature]</u>	Street: <u>11605 Woodsview Crossing</u> City: <u>Edgerton</u> Zip: <u>53534</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Edgerton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
2. Print: <u>Melissa Nickels</u> Sign: <u>[Signature]</u>	Street: <u>5907 Spartan Dr #5</u> City: <u>McFarland, WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Brenda Peger</u> Sign: <u>[Signature]</u>	Street: <u>5021 Timber Ln</u> City: <u>McFarland, WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, GLENDIA JOHNSON, (certify): I reside at 640 STONEBRIAR LANE OREGON  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11 GLENDIA JOHNSON  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1970

A321  
Circulators,  
Please include your  
Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Robert Cunningham	<i>[Signature]</i>	Street: 402 Bivins Hwy / Tyl City: Madison Zip: WI 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. John Volkman	<i>[Signature]</i>	Street: 632 Elizabeth Lane City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 15 / 2011 (Month) (Day) (Year)
3. Jeffery Hump	<i>[Signature]</i>	Street: W8125 CTH B 214 City: POYNETTE Zip: 53555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DECORRA	11 / 15 / 2011 (Month) (Day) (Year)
4. Kyle LaBarge	<i>[Signature]</i>	Street: 201 Cory Lane City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11 / 15 / 2011 (Month) (Day) (Year)
5. Troy Coffey	<i>[Signature]</i>	Street: 4061 DORAK RD City: DEERFIELD Zip: 53531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DEERFIELD	11 / 15 / 2011 (Month) (Day) (Year)
6. Jeremy DeBoer	<i>[Signature]</i>	Street: 59 Tower Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 15 / 2011 (Month) (Day) (Year)
7. Betty Diamond	<i>[Signature]</i>	Street: 1335 N. Wingra Drive City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
8. Nicholas Wagner	<i>[Signature]</i>	Street: 504 Grandwood Ct #2 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Robert Kanter	<i>[Signature]</i>	Street: 714 S. Orchard St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Rusty Hardy	<i>[Signature]</i>	Street: W1027 King Rd City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Ramona M. Eberhart, (certify): I reside at 4817 REGENT ST MADISON 53707  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1971

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. ROBERT M SCHMID	<i>Robert M Schmid</i>	Street: 400 TOPEKA Tr City: WAUNAKEE Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE	11/15/2011 (Month) (Day) (Year)		
2. DONOVAN BROOKE	<i>Donovan Brooke</i>	Street: 172 E. RICHARDS RD. City: OREGON Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	11/15/2011 (Month) (Day) (Year)		
3. Lasandra Smith	<i>Lasandra L Smith</i>	Street: 2018 Dunn Pl City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
4. JAMES BRACK	<i>James Brack</i>	Street: 6718 Park Ridge Dr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
5. Janice Lehmann	<i>Janice Lehmann</i>	Street: 7982 W Oakbrook Cir City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. RAMONA EBERHART	<i>Ramona Eberhart</i>	Street: 4817 Regent St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)		
7. LARRY D BASS	<i>Larry D Bass</i>	Street: 110 Dale Dr City: Lodi Zip: 53555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lodi	11/15/2011 (Month) (Day) (Year)		
8. Andrew L Craven	<i>Andrew L Craven</i>	Street: 275 Jeanette Rd City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Primrose	11/15/2011 (Month) (Day) (Year)		
9. PHIL WILLIAMS	<i>Phillip C. Williams</i>	Street: 3143 View Rd City: MADISON WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)		
10. Renee Williams	<i>Renee Williams</i>	Street: 3143 View Rd City: mad, WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, RAMONA M. EBERHART, (certify): I reside at 4817 REGENT ST MADISON 53705 A730  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1972



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Enca Feela	Enca Feela	Street: 1424 Madison St City: Black Earth Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Earth	11/15/2010 (Month) (Day) (Year)		
2. Nelson Williams	Nel. Will	Street: 4322 Mohawk Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
3. Josh Richter	Josh Richter	Street: 18 Sweet Briar City: Cambridge Zip: 53523	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/15/2011 (Month) (Day) (Year)		
4. Thomas Wilsey	Thomas Wilsey	Street: 1006 West Badger Rd City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
5. Roxane Olsen	Roxane Olsen	Street: 4114 Tomscot Trail City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. George Banfi	George Banfi	Street: 6443 Bridgeway #201 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
7. Mark Sullivan	Mark Sullivan	Street: 1925 Greenway Rd City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)		
8. Cynthia M. Luck-Johnson	Cynthia M. Luck-Johnson	Street: 1103 Foxglove Dr City: Janesville Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)		
9. Nancy Ketterhagen	Nancy Ketterhagen	Street: 629 Anthony Lane City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
10. Hershey B. Bridges	Hershey B. Bridges	Street: 1014 Sequoia Trail City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, RAMONA M. EBERHART (Name of Circulator), certify: I reside at 4817 REGENT (Circulator's Residence - Street name and Number) MADISON 53705 (Circulator Municipality) A#30 Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 2011  
(Month) (Day) (Year)

R. M. Eberhart  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1923

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard Lantz		Street: 8126 Blakton Rd 101 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Cody Peterson		Street: 821 Southbound dr City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Jeremy Herfel		Street: 804 S Blue Mounds St City: Mt. Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb	11/15/2011 (Month) (Day) (Year)
4. Fred Pinson		Street: 772 Fairfax Ave City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Irene Libert		Street: 510 Clifden Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Justin Vickerman		Street: 418 Farley Ave City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Andy Christoffersen		Street: 2410 Red Arrow Trail City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. KATHY McGee		Street: 413 Oak Crest Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. MANDY HELD		Street: 6 FOURTH ST City: BELLEVILLE Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village BELLEVILLE <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Danielle Moyer		Street: 3602 Mounds View Rd City: Borneveid Zip: 53507	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bringham	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Ramona A. Eberhart, (certify): I reside at 4817 Regent St MADISON 53705  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. CHARLES MUZOREWA		Street: 26 Sunfish Ct 2 City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. DONALD A COLEMAN		Street: 801 EMERSON ST City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Thomas P. Jones		Street: 17 Lakeshore Ct City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. MAX G PARKER		Street: 1510 WAYRIDGE DR #104 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
Paul Diehm		Street: 7740 Century Ave City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
6. Todd Matthews		Street: 1002 Pine St. City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
7. Susan M. Healy		Street: 7304 Vista Ct City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
8. Fred DuBoe		Street: 5651 County Rd J City: Mt Horeb Zip: 53550	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vermont	11/15/2011 (Month) (Day) (Year)
9. Cristina Narvaez		Street: 7007 Flower Ln. Apt. D City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Colleen Robinson		Street: 992 DANE ST City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Ramona M. EBERHART, (certify): I reside at 4817 REGENT ST MADISON 53707  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>John R Wagner</u> Sign: <u>John Wagner</u>	Street: <u>6109 Saunders Ct</u> City: <u>McFarland</u> Zip: <u>53588</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Joshua Burkhauser</u> Sign: <u>Josh Burkhauser</u>	Street: <u>1523 Sylvester St</u> City: <u>Janesville</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone (608)
3. Print: <u>Ty Swenson</u> Sign: <u>Ty Swenson</u>	Street: <u>500 Tompkins Dr</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone (608)
4. Print: <u>Alonso Marquez</u> Sign: <u>Alf Marquez</u>	Street: <u>1326 9th St</u> City: <u>Beloit</u> Zip: <u>53511</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Beloit</u> <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. <u>Patricio morales</u> Print: <u>Patricio morales</u> Sign: <u>Patricio morales</u>	Street: <u>2317 Rockport Rd</u> City: <u>Janesville</u> Zip: <u>53458</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )

I, Janice Lehmann (Printed Name of Circulator) Certify: I reside at 7982 W. Oakbrook Circle (Circulator's Residence - Street Name and Number) city of Madison (Circulator Municipality) 53709 (Circulator Zip Code)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1976

Circulators,  
Please include your contact information

Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Evan Stiegert</u> Sign: <u>[Signature]</u>	Street: <u>645 Odell St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( )
2. Print: <u>Michael J Neff</u> Sign: <u>[Signature]</u>	Street: <u>3004 Jones St</u> City: <u>Blue mounds WI</u> Zip: <u>53517</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Blue mounds</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608)
3. Print: <u>ED CARTER</u> Sign: <u>[Signature]</u>	Street: <u>5441 KALESEY C.T. #73</u> City: <u>WAUWATSE</u> Zip: <u>53599</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Springfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608)-8
4. Print: <u>Richard E. Nelson</u> Sign: <u>[Signature]</u>	Street: <u>5424 Marie Rd</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608)
5. Print: <u>Scott Geister-Jones</u> Sign: <u>[Signature]</u>	Street: <u>1223 Forseth Rd</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608)

## Certification of Circulator

I, Janice Lehmann, (certify): I reside at 7982 W. Oakbrook Circle City of Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1977

Circulators,  
Please include your

Phone

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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Jennifer Lovick</u> Sign: <u>Jennifer Lovick</u>	Street: <u>4480 3RD St</u> City: <u>Windsor</u> Zip: <u>53598</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> <u>DeForest</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jenniferlovick</u> Phone ( )
2. Print: <u>Andrea Stebbins</u> Sign: <u>Andrea Stebbins</u>	Street: <u>121 W. Holum St</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DeForest</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>andrea</u> Phone <u>608</u>
3. Print: <u>Danielle R Gajdosik</u> Sign: <u>Danielle R Gajdosik</u>	Street: <u>2641 Mineral Pt Av</u> City: <u>Janesville</u> Zip: <u>53548</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>Laura Berger</u> Sign: <u>Laura Berger</u>	Street: <u>3318 Gregory St.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Alan McCormick</u> Sign: <u>Alan McCormick</u>	Street: <u>4700 Turner Ave</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Weird</u> Phone <u>608</u>

I, Janice Lehmann, (certify): I reside at 7982 W Oakbrook Circle Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)  
Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1978

Circulators,  
Please include your co

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J  
Committee  
PO Box 25  
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>JOHN P SARRIS</u> Sign: <u>[Signature]</u>	Street: <u>3113 Emmet ST.</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Andrew Sankler</u> Sign: <u>[Signature]</u>	Street: <u>225 E Lakelawn Pl</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>Scott A Schroeder</u> Sign: <u>[Signature]</u>	Street: <u>800 Chickadee Dr</u> City: <u>Cambridge</u> Zip: <u>53523</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cambridge</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>Harold Beyer</u> Sign: <u>Harold A. Beyer</u>	Street: <u>406 Pawling St #1</u> City: <u>madison, w.</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>CORINA SUDMEIER</u> Sign: <u>[Signature]</u>	Street: <u>6809 Chester Dr #G</u> City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )

Janice Lehmann (Printed Name of Circulator) Certification of Circulator I reside at 7982 W. Oakbrook Cir (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1979

A 229  
Circulators,  
Please include your co  
Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>ANGELA ROBERTY</u> Sign: <u>[Signature]</u>	Street: <u>4320 Melody Ln #108</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>leoss8</u> Phone: ( )
2. Print: <u>Renata L. Sturtevant</u> Sign: <u>[Signature]</u>	Street: <u>W9695 Lake Dr</u> City: <u>Edgerton</u> Zip: <u>53534</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUMNER</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>rena</u> Phone: <u>(608)</u>
3. Print: <u>Clinton Clough</u> Sign: <u>[Signature]</u>	Street: <u>2316-8 Badger Pkwy</u> City: <u>Madison, WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: ( )
4. Print: <u>ROBERT PHILBIN</u> Sign: <u>[Signature]</u>	Street: <u>622 W OLIN AVE</u> City: <u>MADISON</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: ( )
5. Print: <u>Suzanne Lendberg</u> Sign: <u>[Signature]</u>	Street: <u>976 Dane St.</u> City: <u>Madison</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>ngns</u> Phone: <u>(608)</u>

I, Janice Lehmann, (certify): I reside at 7982 W Oakbrook Circle City of Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1980

Circulators,  
Please include your co

Phone

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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>ASAN ASANI</u> Sign: <u>[Signature]</u>	Street: <u>913 TWIN PINES DR</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Phalen Pierson</u> Sign: <u>Phalen Pierson</u>	Street: <u>1341 South St</u> City: <u>Madison WI</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone: <u>(608) 251-XXXX</u> ( )
3. Print: <u>Nathan Schultz</u> Sign: <u>Nathan Sca</u>	Street: <u>2612 Branch St #107</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone: <u>(608) XXXX-XXXX</u> ( )
4. Print: <u>Doug Bible</u> Sign: <u>Doug Bible</u>	Street: <u>2013 Dakota Way</u> City: <u>Prarie Du Sac</u> Zip: <u>53578</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Prarie Du Sac</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Thomas E Barclay</u> Sign: <u>Thomas E Barclay</u>	Street: <u>5025 Sheboygan Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )

I, Janice Lehmann, (certify): I reside at 7982 W. Oakbrook Circle city of Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 15 2011  
(Month) (Day) (Year)  
Janice Lehmann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1981

A220  
Circulators,  
Please include your co  
Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Sharon L. Bottoms Sharon L. Bottoms	UNTC 73604 Course Rd MADISON 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
2. Kelene Leicat Kelene Leicat	3472 Freedom Ln. Madison 53718	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
3. Betty L. Wilcox Betty L. Wilcox	3314 Derby Down Madison 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
4. Timothy M. Binkley T-M Binkley	105A Down Drive Wauwatosa 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
5. Shirley Files Shirley Files	1319 Glacier Hill Drive Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )

Certification of Circulator  
I, Elizabeth Geron (Printed Name of Circulator), certify: I reside at 5829 Meadowood Dr (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)  
Elizabeth D. Geron  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1982

Circulators.  
Please include your contact

Phone  
(608)  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>SUSAN B. GEHRKE</u> Print: <u>Susan B. Gehrke</u> Sign: <u>Susan B. Gehrke</u>	Street: <u>805 TANGLEWOOD DR # 105</u> City: <u>DEFOREST</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DEFOREST</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) ( ) ( )
2. <u>EVON HANEY</u> Print: <u>Evon Haney</u> Sign: <u>Evon Haney</u>	Street: <u>74 Sunfish Ct</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( ) ( ) ( )
3. <u>JOAN GUGEL</u> Print: <u>Joan Gugel</u> Sign: <u>Joan Gugel</u>	Street: <u>533 Jongel h</u> City: <u>Madison</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( ) ( ) ( )
4. <u>MARY PUESCHNER</u> Print: <u>Mary Puschner</u> Sign: <u>Mary Puschner</u>	Street: <u>2666 PENNWALL CIR</u> City: <u>FITCHBURG</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FITCHBURG</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( ) ( ) ( )
5. <u>Coral Cerasani</u> Print: <u>Coral Cerasani</u> Sign: <u>Coral Cerasani</u>	Street: <u>3260 Pleasant ST</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( ) ( ) ( )

## Certification of Circulator

I, Elizabeth Gerda (certify): I reside at 5829 MEADOWOOD DR. MADISON  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Elizabeth Gerda  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1983

A1279

Circulators,  
Please include your contact

Phone  
(608) ( ) ( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>ROBERT J. MOCCERO</u> Sign: <u>[Signature]</u>	Street: <u>109 OHIO AVENUE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>rmocco</u> Phone: <u>(608)</u>
2. Print: <u>Katherine H. Low</u> Sign: <u>[Signature]</u>	Street: <u>2407 Sommers Ave. Apt. 2</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>( )</u>
3. Print: <u>Nathan D. Piazza</u> Sign: <u>[Signature]</u>	Street: <u>2407 Sommers Ave. #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>ndipia</u> Phone: <u>(608)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>( )</u>

Elizabeth Gerou (certify): I reside at 5899 Meadowood Dr. MADISON  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Elizabeth D. Gerou  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 1984

A2279  
Circulators,  
Please include your contact information.  
Phone: (608) 2  
Email: \_\_\_\_\_

**PAGE NUMBER:**

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**NOT SUBMITTED**

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. IAN DAVIS	[Signature]	Street: 2850 Coho City: Madison, WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Dustin Thies	[Signature]	Street: 2219 1/2 W. Court City: Janesville Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
3. Mary Ebeling	[Signature]	Street: 30 N. 7th St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Susan Bahn Monthey	[Signature]	Street: 111 E. Howard St. City: Portage WI Zip: 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage	11/15/2011 (Month) (Day) (Year)
5. Renee Miller	[Signature]	Street: 2529 E Mifflin St City: Madison Zip: WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ROCHELLE MCKAY	[Signature]	Street: 3 Hale Ct. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Veronica Berry	[Signature]	Street: 325 N. Sherman Ave City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Nichol Schumacher	[Signature]	Street: 1833 Bond Ave (Boyd) City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Suzanne J. Chapin	[Signature]	Street: 2818 Commercial Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. William K McCotry	[Signature]	Street: 6409 Driscoll City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Arthur Hackett, (certify): I reside at 522 McCormick Ave Madison 53704  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this page. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1992

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Dorothy Kanter	<i>Dorothy Kanter</i>	Street: 450 Jenna Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Leigh Hartjes DAK	<i>Leigh Hartjes</i>	Street: 313 Birchwood Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Dave Richardson	<i>Dave Richardson</i>	Street: 800 Jenna Dr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona DAK	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Darcy Perrin	<i>Darcy Perrin</i>	Street: 808 Jenna Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email Phone
5. BRIAN BOWERS	<i>Brian Bowers</i>	Street: 846 JENNA DR City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Bob Cooney	<i>Bob Cooney</i>	Street: 305 Birchwood Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Lori K Van Ness	<i>Lori K Van Ness</i>	Street: 301 Birchwood Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Haini Ouyang	<i>Haini Ouyang</i>	Street: 500 Jenna Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Chad Warner	<i>Chad Warner</i>	Street: 495 Jenna Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone
10. SEAN LEE	<i>Sean Lee</i>	Street: 500 Jenna Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Dorothy Kanter, (certify): I reside at 450 Jenna Dr City of Verona WI 53593  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Dorothy Kanter*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Veena Brekke	<i>Veena Brekke</i>	Street: 6426 Inner Dr City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Kathryn Winch	<i>Kathryn Winch</i>	Street: 6701 Jacobs Way City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Julie Trinkner	<i>Julie Trinkner</i>	Street: 1 Verde Ct. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. KEVIN COUMBE	<i>Kevin Coumbe</i>	Street: 2644 Mica Rd City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11 / 15 / 2011 (Month) (Day) (Year)
5. Leslie Jensen	<i>Leslie Jensen</i>	Street: 4223 Green Leaf Dr. City: Dodgeville WI Zip: 53533	<input checked="" type="checkbox"/> Town Dodgeville <input type="checkbox"/> Village <input type="checkbox"/> City Dodgeville	11 / 16 / 2011 (Month) (Day) (Year)
6. Janet Sabatke	<i>Janet Sabatke</i>	Street: 7801 Brule St. City: Madison WI Zip: 53717-1833	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Julianne Zweifel	<i>Julianne Zweifel</i>	Street: 7838 Brule St. City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
8. Carla Nordness	<i>Carla Nordness</i>	Street: 117 Wolf St. City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Cathleen M. CANAVAN, (certify): I reside at 7841 Brule St. Madison, WI City of Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*Cathleen M. Canavan*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brian Coda	<i>[Signature]</i>	Street: 5441 Old Middleton Rd. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Dana Barre	<i>[Signature]</i>	Street: 312 Monte Cristo Circle City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. Doug Schoebel	<i>[Signature]</i>	Street: 7802 Big Sky Dr #128 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jill Patrick	<i>[Signature]</i>	Street: 1332 Rutledge #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 CMC (Month) (Day) (Year)
5. Vicki Olson	<i>[Signature]</i>	Street: 66E Ponwood Circle City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Tracey Ziegler	<i>[Signature]</i>	Street: 6302 Walden Way City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
7. KRISTIN ROOSMALEN	<i>[Signature]</i>	Street: 26 N LINCOLN RIDGE DR #323 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
8. Michael Makar	<i>[Signature]</i>	Street: 2545 Hand St 53704 City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
9. David Anderson	<i>[Signature]</i>	Street: 7355 Tree Lane City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Penny Raimer	<i>[Signature]</i>	Street: N9990 Hwy F City: Portage Zip: 53901	<input checked="" type="checkbox"/> Town Portage <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage CMC	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Cathleen M. CANAVAN, (certify): I reside at 7841 Brule Street City of Madison, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011  
(Month) (Day) (Year)

Cathleen M. Canavan  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Cathleen M. CANAVAN		Street: 7841 Brule Street City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. David Gill		Street: 7828 Brule St City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Anne Mueller		Street: 7821 Brule St City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Carol Fogtestad		Street: 7518 Tree Lane #2 City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Corinne Olson		Street: 5745 Old Middleton Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Michael Calvert		Street: 20 Oak Grove DR. City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Barbara Roth		Street: 7853 E. Oakbridge Way City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. <del>Liz Fol</del> CMC	<del></del> CMC	<del>Street: 6600 Foxglove</del> CMC <del>City: Madison Zip: 53717</del> CMC	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison</del> CMC	<del>11/15/2011</del> CMC (Month) (Day) (Year)	<del>Email Phone</del>
9. Kathleen Shanovich		Street: 1434 W. Skyline Dr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Bolling Smith		Street: 4502 WHITE ASPEN RD City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Cathleen M. CANAVAN, (certify): I reside at 7841 Brule Street City of Madison, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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Circulator  
Phone  
Email  
3



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard L. Langer	<i>Richard L. Langer</i>	Street: 5496 Sheil Dr. City: Oregon Zip: 53575	<input checked="" type="checkbox"/> Town Oregon <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Cathy Langer	<i>Cathy Langer</i>	Street: 5496 Sheil Dr. City: Oregon Zip: 53575	<input checked="" type="checkbox"/> Town Oregon <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Bill Droster	<i>Bill Droster</i>	Street: 106 James St. City: Beaver Dam Zip: 53916	<input type="checkbox"/> Town Beaver Dam <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. ROBERT A. KASPAR	<i>Robert A. Kaspar</i>	Street: 3809 Anchor City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Penny L Marten	<i>Penny L Marten</i>	Street: 116978 Stony Creek Rd City: Waterloo WI Zip: 53594	<input checked="" type="checkbox"/> Town Lakemills <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Don Backus	<i>Don Backus</i>	Street: 2000 HALUKINSON RD City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town Dunn <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Paul J. Mickey	<i>Paul J. Mickey</i>	Street: 111 W. Wilson ST #20 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. JASON D. FOSTER	<i>Jason D. Foster</i>	Street: 536 State St. Apt 12 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Amy L. Wendorf	<i>Amy L. Wendorf</i>	Street: 2750 Yahara Rd City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town Pleasant Springs <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. DOMINICK LIGORGI	<i>Dominick Ligorgi</i>	Street: 4 BLUE STRUCE City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 ANCHOR DR MADISON WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Robert A. Kaspar*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Charles Conrad	<i>Charles M. Conrad</i>	Street: 2746 Tower Hill Dr City: Fitchburg Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
2. Margaret McCullough	<i>Margaret McCullough</i>	Street: W2260 St Rd 23 City: Mt Calvary Zip: 53057	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Forest	11/15/2011 (Month) (Day) (Year)
3. Ragini Sathasivam	<i>Ragini Sathasivam</i>	Street: 7306 Countrywood Ln City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DANE	11/15/2011 (Month) (Day) (Year)
4. Doree Patter	<i>Doree Patter</i>	Street: 17326 S. Shore Dr City: Parkersville WI Zip: 53554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wyocena	11/15/2011 (Month) (Day) (Year)
5. Kim Voss	<i>Kim Voss</i>	Street: 5839 County Rd KP City: Mazomanie Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	11/15/2011 (Month) (Day) (Year)
6. LuAnn Hahn	<i>LuAnn Hahn</i>	Street: 5758 HAHN RD City: De Forest Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vienna	11/15/2011 (Month) (Day) (Year)
7. Kathryn Klement	<i>Kathryn Klement</i>	Street: 5315 Black Walnut Dr. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
8. Lynda Knobloch	<i>Lynda Knobloch</i>	Street: 4245 Main St Wg City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Nicholas Berger	<i>Nicholas Berger</i>	Street: 2108 Blue Heron Ct City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
10. Jodeen Scheer	<i>Jodeen Scheer</i>	Street: 3456 Windsor Rd City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Windsor	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Pamela Campbell, (certify): I reside at 1529 Drewry Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Pamela Campbell  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Emily Natera	<i>Emily AD Natera</i>	Street: 1534 Arizona Pass City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Randy V Natera	<i>Randy V Natera</i>	Street: 1534 Arizona Pass City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Staci Miller	<i>Staci H. Miller</i>	Street: 2313 Myrtle St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kathy Gamp Kathy Gamp	<i>Kathy Gamp</i>	Street: 359 Field Ct. City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
5. Tim Taylor	<i>Tim Taylor</i>	Street: 2742 Hearnina St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Allen Grogan	<i>Allen Grogan</i>	Street: 3926 Margaret St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Charles Smith	<i>Charles Smith</i>	Street: 511 Powers Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
8. Jamie Sobacki	<i>Jamie Sobacki</i>	Street: 2998 Triumph Dr. Unit 12 City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
9. Kelli Becker	<i>Kelli Becker</i>	Street: 725 Jennifer St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Myra McNair	<i>Myra McNair</i>	Street: 541 North Star Dr. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Barbara Pennington, (certify): I reside at 2214 Oakridge Ave Madison WI  
(Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel Musser		Street: 706 Anthony Ln City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Dennis J. Dissmore		Street: W8766 Kent Rd City: Poynette Zip: 53955	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dekorra	11/16/2011 (Month) (Day) (Year)
3. John Lifwicker		Street: 5705 Oakwood Bend City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Jesse Kirk		Street: 2317 Columbus Ln Apt #2 City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Holly Kinn		Street: 2317 Columbus Lane Apt #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Karen R. Shevet Dinah		Street: 351 W. Wilson St. #1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Charles Vandergrieff		Street: 1625 Kings Mill Hwy #106 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Stephen D. Spear		Street: 5326 Garden View Ct. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. MARY HENRY-CHIOZZI		Street: 3922 Dennewet DR City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Albert Chiozzi		Street: 3922 Dennewet Pl City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 DeForest Apt 2 DeForest  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011  
(Month) (Day) (Year)

Michael Pionke  
(Signature of Circulator)

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